



pRide



SPRING, 2002

THE NEWSLETTER BY AND FOR

RHODE ISLAND STATE EMPLOYEES

MHRH to Restore and Maintain State-owned Burial Sites

Over the past several years, a national movement to preserve the dignity of persons who died in mental institutions and were buried in what have become historic cemeteries, has kindled a drive to locate, catalogue and maintain these sites.

Spearheaded by the National Association of State Mental Health Program Directors (NASMHPD), which developed a position statement that recommends action steps, several states have begun a process of restoration of the burial grounds.

In many cases, maintenance of cemeteries located on the grounds of state psychiatric hospitals has been minimal or non-existent, and does not convey the respect and dignity that the persons buried there deserve.

NASMHPD's position is that forgotten and neglected graves of persons who died in state psychiatric hospitals sends a message of devaluing the people who struggled with mental illness, contributes to the burden of stigma that people still face today, and perpetuates a negative image of the state hospital.

Restoration and acceptable maintenance of the patient cemeteries is significant to consumers and their families as a symbol of hope and recovery, and it is important to the hospital and the mental health system as a symbol of conveying hope and dignity for consumers. At the national level, it is believed that the process of restoring and maintaining the burial sites can promote health and recovery.

Recommended actions set forth by NASMHPD are: State mental health authorities should investigate the history and determine the condition of patient cemeteries on the grounds of state psychiatric hospitals and consider the following:

- Encourage, support, and partner with consumer organizations and other stakeholders to establish cemetery restoration projects;
- Consult the CMHC technical assistance manual that was developed by the Georgia Consumer Council and the National Empowerment Project.
- Identify potential strategies to:
 - a. Locate grave sites and make locations available to consumers and families
 - b. Restore cemeteries
 - c. Provide perpetual care
 - d. Construct a memorial if all grave sites cannot be located

(Continued on page 4)

2002 Health Care Costs Increases Projected to Reach Record Highs

Several year-end surveys conducted in 2001 by management and human resource consulting firms projected that health care costs would skyrocket into double digit increases in 2002. Not yet six months into the new year, current trends seem to indicate that not only will these predictions be reached, but they may well be surpassed.

Here is what the experts say

Results of an employer survey by the management and human resource firm of Towers Perrin reveal that large employers expect an average 14% increase in the cost of health benefits plans. That is the highest year-over-year percentage increase since Towers Perrin began conducting the survey more than a decade ago, and the third consecutive year of double-digit increases.

The firm cites increases in fees paid to hospitals and physicians, the rising costs of prescription drugs, and escalation in HMO premiums as primary factors behind the increase in health care costs.

In another survey, prescription drug costs are expected to jump almost 20% in 2002, according to data collected by The Segal Co. The human resource consulting firm says managed care companies are less able to control medical cost increases because of consumer-directed prescription drug marketing, higher provider reimbursements, liberalization of plan rules, increased regulations and the aging of the work force.

The global management consulting and outsourcing firm of Hewitt Associates predicts employer health care costs will increase for the fourth year in a row. The company projects average costs in 2002 to increase 13%-16% after last year's average increase of 10.2%.

The average health plan is projected to cost \$5,524 per employee in 2002, up from \$4,778 in 2001, increasing average employee payments for health coverage in 2002 by between \$186 and \$463.

According to Hewitt Associates, health care costs will continue to increase at a double-digit percentage pace for the next few years unless there is a fundamental change in the way health care is delivered.

The big question is WHY? Why is the cost of health care increasing 20% per year, when the annual rate of inflation hovers at only 3%?

(Continued on page 5)

pRide in performance

Belated congratulations to **Stephen M. Robbins, CPA**, of the Bureau of Audits on having completed the requirements to become a certified public accountant in the State of Rhode Island.

Mr. Robbins passed the Uniform CPA Examination and satisfied the experience requirements set by the Rhode Island Board of Accountancy.

The Board of Examiners of the American Institute of Certified Public Accountants (AICPA) is responsible for preparing the Uniform CPA Examination, and for operating the Advisory Grading Service. The boards of accountancy of all fifty states, the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands use the Uniform CPA Examination as the primary way of measuring the technical competence of CPA candidates.

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The State of Rhode Island is an equal opportunity and diversity employer and reasonable accommodations will be provided. For assistance, call EEO Office at 222-3090. (TDD 222-6144)

Corrections, Probation and Parole Employees Honored

Valentine's Day held special meaning this year for many co-workers from the Department of Corrections, Probation and Parole. Appropriately, this was the day chosen to recognize those individuals who served on one or more committees, or otherwise distinguished themselves during the previous year. Their efforts were recognized for improving their respective work environments, boosting morale, and serving specific needs of the community. Their selfless dedication reflects the enthusiastic work ethic and sustained superior performance of the department as a whole.

Letters of Appreciation were presented by Director **A.T. Wall, II**.

Members of the Review Subcommittee of the Batterers Intervention Program Standards Oversight Committee: **Jean Avendano; Susan Ellis Sweet; Sue Sams; Shelley Cortese; Christine Imbriglio**.

Members of the Probation & Parole Information Systems Review Committee: **Dot Valenzuela; Sharon Braitsch; Karen Degnan; Laura Queenan**.

Members of the Probation & Parole Staff Development and Training Committee: **Kevin Dunphy; Peter Guilbeault; Laura Queenan; Susan Ellis Sweet; Kevin Mulcahey; Teresa Smith; Holly Pray; Christine Imbriglio; Christopher Konturas; Lynn Schneible; John McElroy; Shelley Cortese; Adrienne McGowan; Sharon Schwartz-Vanderhoff**.

Co-Chairs of the Probation & Parole SECA Campaign: **Teresa Smith; John D'Errico**.

Members of the Planning & Research Unit for participation in all of the Probation & Parole initiatives: **Jennifer Oliverli; Erin Marcotte; Lori Connors; Patrick Lynch; Bree Derrick; Jason Alexandre**.

Letters of Commendation went to: **Sharon Braitsch; Susan Ellis Sweet; Richard DelFino; and Sisan Smallman**.

Congratulations to all recipients!

— Submitted by Sharon Schwartz-Vanderhoff

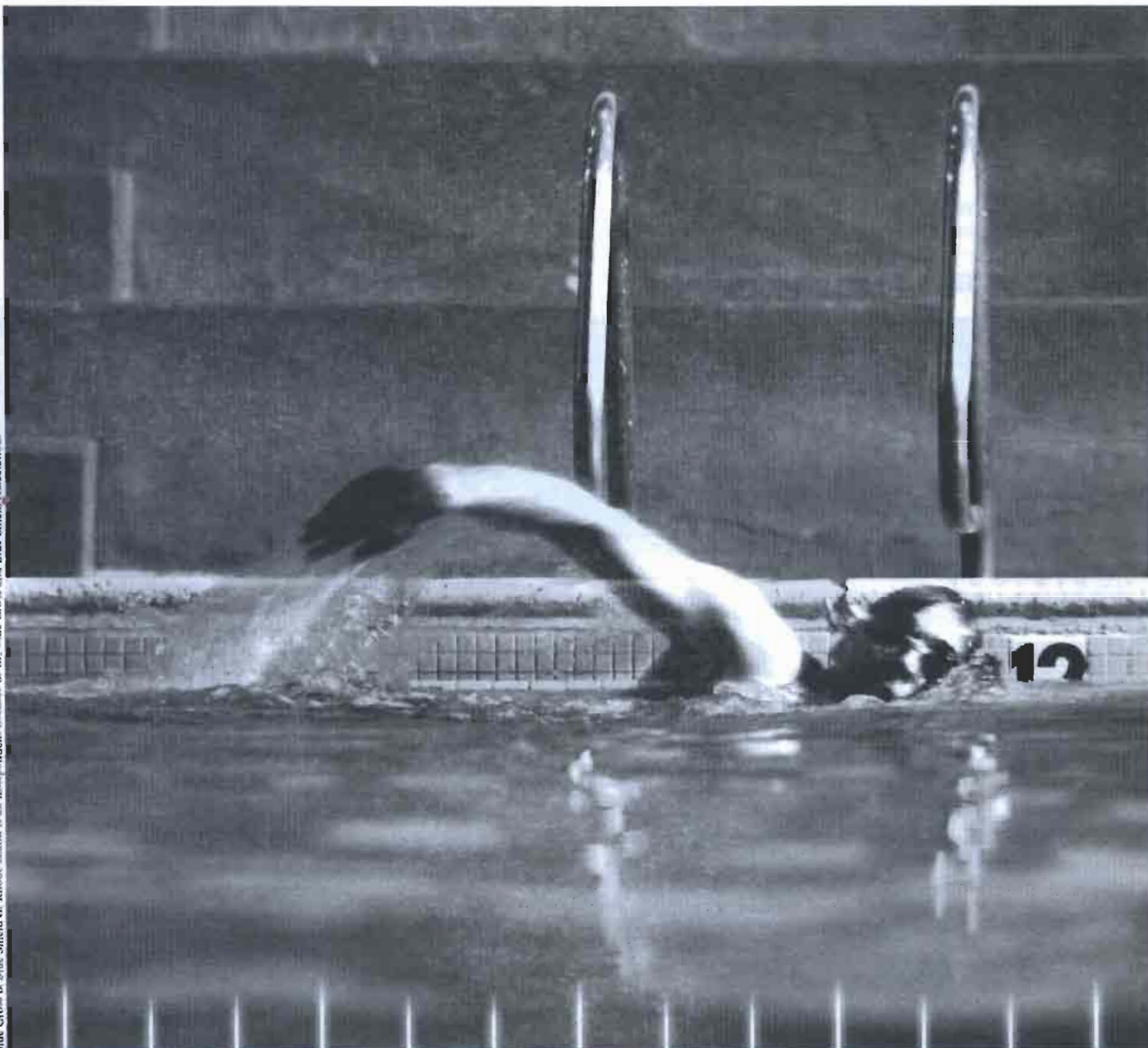
OTD Training Courses Late Spring & Summer 2002

	Fee
May	
7 Intro to Personal Computers	\$ 40
8 Ethical Issues in Workers' Compensation	20
9 Sexual Development, Sexual Abuse and Language Issues of the Young Child	35
13 Reading People	50
15 Intro to Microsoft Word	120
15 Estate, Probate and Gift Taxes: An Update	20
15 Sex Offenders and Their Cognitive Disorders	35
22 Children of Domestic Violence	35
23 Managing Change	90
30 Exploring the Link Between Animal Abuse and Violence Toward People	5
June	
3 Interrogation Skills Building	100
5 Coping with Other People's Trauma	35
10 Using Behavior Analysis to Enhance Interview Skills	95
July	
11 Intro to Personal Computers	40
16 CPR	30
18 Intro to PowerPoint	70
24 Refining Business and Technical Writing Skills	45
25 Financial Planning	25
25 Intro to Access	70
30 Working with Latino Families	25
August	
1 Access Level II	70

August 7 - 1:00 p.m. - 2:30 p.m. NO FEE

Understanding the Rhode Island Code of Ethics Instructor: Jason Gramitti, J.D.

For more information, copies of the OTD Catalog of Training Courses are available from your department's Human Resource Officer or Training Office; or visit OTD's website www.o/os/state.ri.us/otd.htm.



AGE 7 ▶ *chipped tooth*

AGE 19 ▶ *bruised ribs*

AGE 43 ▶ *knee injury*
from life's long journey

AGE 65 ▶ *arthritis*

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MHRH Burial Sites (Continued from page 1)

Overview of Cemetery Sites in Rhode Island

A recent survey by MHRH staff located four state-owned and five private cemeteries situated on state property occupied by state agencies in Cranston and Exeter.

Approximately 4853 individuals are buried at these sites. Indexes that include site numbers and corresponding individual names for each grave have been compiled by The Rhode Island Genealogy Society, and are included in hospital records and records pertaining to the Ladd Center. Currently, all indexes are on paper, and will be converted to a single computer data-base. This will be available through the **MHRH Library**, which can be reached at **462-6046**.

The five private cemeteries located in and around the Cranston Institutional Complex, Historical Cemeteries #26, #48, #50, #52 and #58 are not affiliated with state facilities. Four sites are state cemeteries, numbers 1, 2 and 3, called "Potters Fields". The last is located at the former Ladd School in Exeter. Upon their death, individuals residing at any of the state-operated institutions located in Cranston who were not claimed by family members were buried at these sites.

The sites located on the state-owned property are:

- Site #1: Lies adjacent to Route 37 behind the current Boys Training School. Burials held there from 1875-1916.
- Site #2: Located on Knight Street along the Pawtuxet River. Burials held there from 1897-1904.
- Site #3: Originally located along Pontiac Avenue opposite the current Power Plant relocated in 1975 to land adjacent to site #2. Burials held there from 1905-1954.
- Site #4: Located within the Veteran's Cemetery in Exeter. Burials held there from 1909-1988.

Overview of the State-owned Cranston Complex

In the state's early history, social welfare in Rhode Island was a local responsibility, with an almshouse in each city and town. Mental illness, poverty and crime were treated in the same way, and individuals were sent to the almshouse for any of these reasons. Later, Poor Farms or asylums were established in most of these towns, all too often with inhumane conditions and treatment of the resident poor and "feeble-minded".

In 1864, the Rhode Island General Assembly appointed a committee to study the possibility of building a state asylum. In 1866, the Rhode Island Board of Charities and Corrections was established to devise a better system of caring for the "unlawful and unfortunate classes" of the state. The same Act that created the new Board also provided for the establishment of a Workhouse, a House of Corrections, an Asylum for the Insane and a State Almshouse.

In 1869, the state bought two adjacent farms located in Cranston; the William Howard farm and one belonging to Thomas Brayton. By 1870, the state-run Almshouse was constructed at the site, followed in 1972 by the construction of the Workhouse and House of Corrections.

In 1875, the first burial took place in what later became known as Potters Field. Various boards and commissions were responsible for the administration of the institutions located at the Howard Complex in Cranston until the 1930's, with the creation of the state Department of Public Welfare. In 1935, Public Welfare was reorganized into the Department of Social Welfare. Eight of the state's 12 institutions for

the care of persons in need were located at the Howard Complex. The large and all-encompassing Department of Social Welfare administered the various institutions for the next four decades. Howard became a self-contained "city", providing every basic need for its residents, many dying while institutionalized.

Maintenance of the cemeteries shifted among agencies, and by the 1970's was sporadic at best. The last burial at the Howard Complex was in 1954. In 1972, the Department of Mental Health, Retardation and Hospitals was created by law to provide services for persons with mental illness, developmental disabilities, problems of drug and alcohol addiction and individuals in need of long-term hospital care. Other state agencies headquartered and providing services at the Cranston complex, re-named the John O. Pastore Center in 2000, include the Department of Corrections, the Department of Labor and Training, the Department of Children, Youth and Families, and the Department of Human Services.

Remedial Actions to Restore and Maintain Cemeteries

Maintenance of the cemetery at the former Ladd Center in Exeter, perhaps because of its proximity to and later incorporation into the RI Veteran's Cemetery, has been consistent, and to this day the grave-stones are surrounded by well-groomed, green turf. A work crew from the Rhode Island Department of Corrections (located at the Pastore Center in Cranston) routinely travels to the Exeter site to maintain the cemetery, under the auspices of the Department of Human Services.

Because the history of most state departments located at the Pastore Center leads back to the same source agency (Social Welfare), shared responsibility for the care and upkeep of the cemeteries at the Center is acknowledged by the Departments of Mental Health, retardation and Hospitals and Corrections, the two departments that today occupy most of the buildings on the campus.

At the time of burial, each grave was numbered, and the corresponding name of the individual interred was recorded in one of several indexes. MHRH staff has undertaken the tedious task of cataloguing the existing indexes of names and corresponding numbers for individual gravesites, dating back to 1875. A computerized database will be created, and will be made available to interested family members, historians and genealogists. Recent photographs of all burial sites document their location and current condition. As restoration begins, photographs will document its progress.

Restoration Plans

MHRH staff has worked with the Rhode Island Economic Development Corporation which requested that Cemetery Site #3 be moved to allow development of the Howard Industrial Park. In 1975, the cemetery was relocated to its current location along the Pawtuxet Riverfront. The Rhode Island Department of Transportation will be asked to mark the cemetery boundaries of the new location, and the EDC will be asked to provide a suitable marker to identify the individuals in the relocated cemetery.

Recently, the Department of Corrections has agreed to organize a cleanup of the three state-owned cemetery sites at the Pastore Complex to begin this spring. In addition, a preventative maintenance plan will be developed and executed. Work on cemeteries #1 and #2 will begin in April, with work on cemetery #3 to begin after it has been surveyed.

Once cleanup has been performed, and with the ready availability of a database of the names of people buried at these sites, Rhode Island will be in the forefront of the national movement to afford the respect and dignity of the individuals whose final resting place is entrusted to the state.

Source: *Extra*, MHRH

"The directors of Mental Health, Retardation and Hospitals and Corrections have spearheaded a drive to restore the state-owned cemeteries to reflect the respect and dignity of the lives of those buried at these sites."

Health Care Costs (Continued from page 1)

U.S. News and World Report has released a study pointing to six reasons for increasing health care premiums. The six are:

- the aging baby boomer generation increasing the average worker age
- political interference while protecting patients
- providers figuring out how to win higher reimbursements and passing them on to consumers.
- managed care shifting emphasis from market share to profit making
- increased spending on pharmaceuticals as a percentage of health care costs.
- technological innovation driving up costs while not always improving health.

Most experts agree however, that soaring prescription drug costs is the engine driving the expected double-digit increases in health care during 2002.

Prescription drug costs have risen 20 percent over the past year due to higher ingredient costs and increased utilization of new, expensive drugs, many of which are aggressively marketed directly to consumers by pharmaceutical companies.

A spokesman for William Mercer, Inc. in Chicago, noted there is effort by drug manufacturers to push their products directly to patients rather than the doctors who would typically prescribe them.

"Introduction of brand-name drugs is at a fast pace . . . (and) this situation is exacerbated by direct-to-consumer marketing", the company said.

With the cost of prescription drugs expected to continue to soar for at least another four years, it is a foregone conclusion that employees will be asked to dig deeper into their pockets to offset these annual increases.

The direct-to-consumer marketing of prescription drugs is very appealing to consumers, and it encourages them to go after drugs they might not normally take.

Several approaches to counter this aggressive marketing of drugs to consumers by manufacturers are under consideration.

The most often suggested, and perhaps the easiest to implement, is increasing the amount of employee co-payment. By having employees bear more of the costs, it is anticipated that they are going to be more conscious of their choice of drugs. Another is the tightening up of current lists of approved or covered drugs.

Other areas include the possibilities of limiting coverage of "lifestyle" drugs such as Viagra; the influence of the Internet and other direct-to-consumer marketing on drug utilization, and communication efforts implemented to encourage employees to reduce prescription drug benefit costs.

With realization that the rising cost of prescription drugs is a major contributor to out of control health care costs, comes the need to exercise prudence and sound judgment in the use of this most valuable health care benefit.

Billions of advertising dollars are spent annually by drug manufacturers in touting their new "high tech, drug-of-the-week", in television, magazine and newspaper advertising. Consumers must not allow themselves to be enticed by the advertising pitch, "Ask your doctor if (blank) is right for you." We should let our doctors do the prescribing, not the drug manufacturers!

As consumers, we have the obligation to act responsibly in the use of prescription drugs, and thus do our part to stem the ever rising cost of health care.

Managing Anger in the Workplace

Frustration and anger are emotions that we all experience even while we are at work. There are numerous situations that may lead to anger on the job. Some of these may include conflicting work styles or opinions among co-workers, an increased workload, or unclear communication. There are even times when the problems do not originate in the workplace, but the emotion of anger has carried over from someone's personal life.

It is important to learn how to manage your anger so that it does not lead to problematic behavior. Remember that anger is a normal human emotion and cannot be completely controlled. However, it is essential to differentiate between the emotion of anger and the behavior that may follow. The key is to remain in control of your behavior to avoid negative consequences.

Three steps to take in order to begin managing your anger include:

- 1) Recognize your anger and pay special attention to signs such as muscle tension, accident-proneness, and tendency to use sarcasm or feelings of frustration or disappointment.
- 2) Identify the cause of your anger. It may not always be obvious.
- 3) Decide what your options are to resolve the problem that caused your anger. Then decide the most effective solution and follow through. You may not always be able to change the problematic situation (i.e. Traffic, another's behavior), but remember that you can work on ways to cope with the situation. Ways of coping could include deep breathing, reforming thoughts, etc.

Sometimes when your anger involves a co-worker, the most effective solution for yourself may be communication with that individual. The following are some suggestions when communicating your anger:

- Take some time to calm yourself down. A shouting match is rarely productive.
- Think through your motives in the situation before expressing yourself. If your motives are positive, the results are more likely to be positive also.
- Be assertive rather than aggressive. Use negotiation and compromise. Assertive people are able to express themselves clearly without insults or violent behavior. This type of behavior typically creates more anger.
- Don't make accusations that you may later regret. Listen to the other person's perspective before drawing any conclusions.
- Don't avoid the issue by hiding what you really believe. Be direct and straightforward.

If you find that you are having problems managing your anger, the **LifeWatch Employee Assistance Program** can help you. LifeWatch EAP is a confidential service provided to all State of Rhode Island employees and their household members.

Please call **1-800-333-6288/TTY 1-800-745-5555** if you or a household member need assistance.

Bits n' Pieces

Congratulations to **Donna Brown** and **Blaise Boucher**, both of the Field Audit Section, Division of Taxation, on their late winter marriage, (2/02/02). Much happiness always!

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| Get caps.

| Watch Game on TV.

| Saturday

| Monday

| Saturday

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